



## Identity Theft -Claim Form-

You must answer ALL questions. Where indicated please tick box ✓ as applicable.

Policy No.	Period of Insurance: From	/	/	to	/	/
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### THE INSURED

Full Name of Insured: Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ P/Code: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: Mobile: \_\_\_\_\_ Other: \_\_\_\_\_

### CHECKLIST

1. Have you attached a copy of the police incident report? (Your claim is not valid if the police incident report is not attached.)  
 YES  NO
2. Have you attached copies of your credit card statements or other bank statements showing which withdrawals were not authorised by you?  
 YES  NO
3. Have you completed the limited power of attorney attached to this form which Avea will need to process this claim on your behalf?  
 YES  NO
4. List the utility providers, merchants or financial institutions that need to be contacted:

Name	Contact Number
1.	
2.	
3.	
4.	
5.	

PLEASE NOTE THAT AVEA'S LIABILITY IS LIMITED TO THE AMOUNT YOU REMAIN RESPONSIBLE FOR AFTER YOUR FINANCIAL INSTITUTION HAS ACCEPTED THAT THIS CLAIM INVOLVES A FRAUD AGAINST YOU. AVEA'S TOTAL LIABILITY UNDER THE TOTAL COMBINATION OF ALL EXISTING AVEA POLICIES COVERING FRAUDULENT TRANSACTIONS AGAINST YOU IS LIMITED TO \$1000.

LIMITED POWER OF ATTORNEY

I hereby appoint and authorise Avea INSURANCE LIMITED ABN 18 009 129 793 and each employee representing them to be my attorney for the purpose of:

- Accessing and obtaining any credit file held by any credit reporting agency in my name;
- Reporting and rectifying any inaccurate, false, or incorrect entry in any credit file held by any credit reporting agency in my name; and
- Notifying on my behalf any law enforcement agency, or any public or private entity of any breach of any laws (including Privacy laws), rules, codes of conduct, or other binding obligations affecting my standing, reputation or credit status.

My attorneys may do anything in my name, or their own, that I could do by myself, and for that purpose can sign on my behalf any document or do any act in the furtherance of their powers under this Deed that I could do by myself.

Signed as a deed: \_\_\_\_\_

Dated: \_\_\_\_\_

PERSONAL DETAILS FOR THE PURPOSE OF ESTABLISHING MY IDENTITY

Current Address: \_\_\_\_\_ Pcode: \_\_\_\_\_

Previous Address (if not at current address for more than 12 months): \_\_\_\_\_

\_\_\_\_\_ Pcode: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Country: \_\_\_\_\_

Drivers Licence Number: \_\_\_\_\_ State: \_\_\_\_\_

